

A NATIONAL CLINICAL STRATEGY FOR SCOTLAND – SUMMARY



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Scotland's National Clinical Strategy sets out ideas on how NHSScotland needs to change to ensure health and social care services are fit for the future.

We are looking at an approach that will guide the way services across Scotland develop over the next 10–15 years. We're not setting out exactly what needs to be done – that is for NHS Boards and the new Integration Joint Boards to plan and deliver. Instead, we're offering a high-level vision, based on the best research evidence available, of what change is needed.

The National Clinical Strategy sets out the case for:

- planning and delivering integrated primary care services, like GP practices and community hospitals, around the needs of local communities
- restructuring how our hospitals can best serve the people of Scotland
- making sure the care provided in NHSScotland is the right care for an individual, that it works, and that it is sustainable
- changing the way the NHS works through new technology.

WHY DO WE NEED A NATIONAL CLINICAL STRATEGY?

NHSScotland is a success story. It provides healthcare to all, free at the point of need, and has made steady progress in challenging the big health problems our country faces, like cancer, heart disease, stroke and mental illness. It has one of the most skilled workforces in the world and a proud tradition of education, training and ground-breaking research.

But there are challenges that need to be faced if we are to meet our aim of having a world-class health service for the future.

Our population is growing older, and some older people will need increasing amounts of health and social care. More people are living with long-term conditions such as diabetes, high blood pressure, cancer and dementia, each of which requires ongoing treatment and care. And we still have a high level of health inequality – a person living in the most socially deprived community in Scotland can expect to live at least 10 years less than someone living in a well-off area.

All of this means that demand for health and care services will increase over the next 15–20 years. That demand will have to be met within the resources – financial and human – NHSScotland has at its disposal.

So the Strategy has been developed to set out how we can change our services to meet the demand and ensure we get the best possible value from the resources invested in the NHS.

WHAT IS GOING TO CHANGE?

We're going to change the main focus of the NHS from hospitals to primary/community care

Primary care teams, which include doctors, nurses and a whole array of other professionals like physiotherapists, occupational therapists, dieticians and others, will be strengthened.

These teams will work even closer together, often alongside colleagues in social care services and voluntary organisations. Their main aim is to support people with health and social care problems to stay in their own communities, help them to learn to manage their conditions and, whenever possible, reduce the chances of them having to be admitted to hospital. This will mean that some services traditionally supplied in hospitals will be provided in community settings.

The shift to primary and community care is already happening. The integration of health and social care is gathering pace, with health and social care staff working together in teams to meet people's needs. GPs are dealing with more complex cases and professionals like nurses and pharmacists are learning new skills and taking on new responsibilities. And better IT systems are being introduced to primary care to improve the quality of care and give patients greater access to services and information.

The aim is that most of the care people need will be provided in their local communities, and that they will be admitted to hospital only when it is absolutely necessary. Much of the effort in achieving this will come from giving people the confidence and knowledge to manage their own conditions and retain their independence. Voluntary bodies have great experience in this area, and we will be seeking to make closer links with them as we progress.

We're going to change the way our hospitals work

We're looking at two big areas of change in hospitals – the processes that we have in place to care for patients – seeking to make them more efficient and of greater value to patients – and the structure of specialist services, recognising that we have to change to get the best outcomes and to make best use of our skilled staff and our financial resources.

Much has been achieved in recent years in streamlining patients' journeys within hospitals, but more needs to be done. That's why we're focusing on ensuring that once patients have had the treatment they require and their condition is stable, they are discharged as soon as possible, supported where necessary by the strengthened primary and community care teams.

Returning people to their communities quickly after a hospital stay promotes their independence and means they can get back to their normal lives more quickly. It requires

the integration of health and social services, working together in common purpose.

We are also looking to change the way people are recalled to reviews in outpatient departments. We believe we can provide better alternative arrangements that give people faster access to test results, enable them to be seen more rapidly when unwell and cause less disruption to their lives.

We need to look seriously at the range of specialties our hospitals provide. There is now overwhelming evidence to suggest that some complex (and many less complex) operations should be performed in specialist hospitals. Patients do better when they are treated by teams who frequently perform the complex operations they need. Evidence shows that they tend to have fewer side-effects and spend less time in hospital.

So we are proposing that some specialist hospital services should be planned on a population basis, rather than on a geographical basis. Some cancer surgery in Scotland is currently arranged in this way.

This would mean that some patients may have to travel further to receive some types of surgery and other complex care, but they would be getting a first-class service from highly specialist clinical teams. Any diagnostic and follow-up services they needed would still be delivered locally. And most of the services they require – those that are not highly specialist – will continue to be provided by local hospitals.

Developing networks of hospital services in this way, with expertise concentrated in specialist centres, will produce better results for patients. Making these changes will be complex and will require close collaboration among existing services. But it will ensure that we make better use of our skilled workforce and promote safe, effective and person-centred care for every patient, every time.

We're going to tackle over-diagnosis, over-treatment and waste

Modern medicine provides enormous benefits to individuals and communities, but on occasion, people can be treated for conditions that don't really require active medical intervention. This situation leads to waste of NHS resources by providing care that doesn't add value for the patient.

We are proposing a new approach to ensure that people only ever receive treatment that is proportionate to their problems and relevant to their needs. When patients have full information about their conditions, they are in a strong position to learn how to manage them. Well-informed patients also tend to choose simpler treatment options that are less likely to cause them harm and create fewer disruptions to their daily life. So we are committed to continuing to work with patients to support them to be confident partners in decision making around their health.

Medical investigation and treatment rates vary across Scotland. We need to understand why this happens to see if we can create greater consistency by challenging variations in clinical practice.

We all want to reduce risk, and the tendency to provide treatment to reduce the chances of a condition occurring has been growing for some time. This can be hugely beneficial – giving people with lung conditions vaccinations to reduce the risk of 'flu, for instance. But it can also mean individuals being put on treatments that may not benefit them personally, and in fact may cause harm.

We need to be certain that treatments always bring added value to all people, and that harm is minimised. Medical care should be neither wasteful nor harmful and, above all, should match the wishes of well-informed patients who fully understand the risks of treating and not treating.

We're going to change the way the NHS works through introducing more new technology

Technology has enormous potential in the NHS. It can improve treatment success and safety, support patients to self-manage their conditions better, enable professionals to communicate with each other more effectively, and allow people (including those in rural areas) to access specialist support and advice remotely.

Technology also enables the service to generate lots of information and data to support improvement in clinical care and performance management. We now want to expand how we make use of data to, for instance, focus treatments more effectively and help us identify the outcomes that matter most to patients.

We've already seen the great advances science and technology have ushered into medical practice. A recent example is the science of genomics, which is enabling treatments to be tailored very precisely to match individuals' genetic make-up to help them gain maximum benefits. We can anticipate more of such advances in the future, and we must be ready to use them wisely and with greater certainty of benefit.

MAKING IT WORK

The National Clinical Strategy sets out ideas on how services need to change to provide a sustainable health and social care service fit for the future. Its vision is both ambitious and challenging.

Scotland has a long tradition of providing high-quality health and social care services. We believe that making the changes set out in the strategy will ensure that it continues to be seen as a country rich in innovation, with a clear focus on effectiveness, efficiency and the provision of world-leading person-centred services.

We recognise, however, that the Strategy is not the finished article. It has been developed through wide-ranging engagement and this will continue.

We will continue to discuss with professionals and the public to ensure that the National Clinical Strategy genuinely supports us in planning change for an even better future.



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Riaghaltas na h-Alba

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